

# Old Agency District

45644 Veterans Memorial Drive  
 PO Box 766 ~ Agency Village SD 57262  
 Phone: (605) 698-7747 ~ Fax: (605) 698-4216

## Application for "ADULT" District Membership \*\*Must Attach Tribal ID/Enrollment Verification\*\*

First Name		Middle Name		Last Name	
Date of Birth		Social Security Number		Enrollment Number	
Current Address: PO Box/Street			City		State
Zip Code					
Place of Birth (City and State)					
Mother's Name (Maiden Name)		District	Father's Name		District
Maternal Grandmother		District	Paternal Grandmother		District
Maternal Grandfather		District	Paternal Grandfather		District

I hereby request adult membership with the Old Agency District of the Lake Traverse Reservation and do certify that:

1. I am a member of the Sisseton-Wahpeton Oyate.
2. My date of birth is correct.
3. I am not a member of any other District or Tribe.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

Date Approved: _____ District Motion Number:		District Chairman Signature:		District Secretary Signature:	
Date Received by Tribal Enrollment:	Enrollment Clerk Signature:		Date Approved By Tribal Council:	Tribal Council Motion #:	

